



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: TEXAS BACK INSTITUTE PO BOX 262409 PLANO TX 75026-2409	MFDR Tracking #: M4-09-7568-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Box #: CITY OF IRVING Box #: 42	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "They have continued to deny the claim for no authorization. This was sent to an IRO and overturned on 12/31/08. I attached a copy of the IRO for Tristar when we requested reconsideration. According to the audit company, the adjuster denied stating outpatient services were authorized. I called her several times however, I had to leave messages and she failed to return my calls. The IRO does not state this is an outpatient procedure and the kind of surgery he had is never considered to be outpatient."

Amount in Dispute: \$3,203.41

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The Requestor is seeking \$3,203.41 for a surgery performed. The Requestor states medical necessity was determined prior to the service rendered...Due to a fire on April 18, 2009, the undersigned has been unable to reach the adjuster on this claim by email or telephone. However, it appears the IRO opinion which forms the basis of this dispute did not address whether the surgery should be performed on an inpatient or outpatient basis. It also unknown what amount if any has been paid on this claim."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Fee Guideline	Amount in Dispute	Amount Due
1/26/2009	63047	\$1,831.35	\$1,704.54	\$1,704.54
1/26/2009	63030-59	N/A	\$1,498.87	\$0.00
			Total Due:	\$1,704.54

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
- The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated 3/12/2009

- This procedure on this date was previously reviewed
- 18-Duplicate claim/service
- Notes: Pre-auth was not approved for an inpatient setting

Explanation of benefits dated 2/18/2009 and 3/25/2009

- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 197-Payment adjusted for absence of precertification/authorization/notification.
- Notes: Pre-auth was not approved for an inpatient setting.

Issues

1. Was preauthorization obtained prospectively as required by Rule 134.600?
2. Is the requestor entitled to reimbursement?

Findings

1. The requestor included copies of EOB's related to an assist at surgery billing which contained CPT codes 63047-80 and 63030-59-80, however those CPT codes were not listed on the table of disputed services and therefore are not part of this review and will not be addressed in this audit.
2. Review of the CMS-1500 indicates that CPT codes 63047 and CPT code 63030-59 were billed on 1/26/2009. CPT code 63047 is defined as "Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar" and CPT code 63030 is defined as "Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, including open and endoscopically-assisted approaches; 1 interspace, lumbar." Pursuant to 28 TAC §134.600 preauthorization was sought and obtained through an IRO review. The IRO determination states in part, "Treatment requested at the time of the 12/17/08 determination included L4-L5 laminectomy/discectomy. A reconsideration for L4-L5 laminectomy/discectomy and L5-S1 same is being requested...Therefore, certification of the requested L4-L5 laminectomy/discectomy and L5-S1 same is now recommended." Therefore, the disputed charges were preauthorized and will be reviewed according to the applicable fee guidelines.
3. In order to determine proper reimbursement, CCI edits were run in accordance with 28 TAC rule 134.203 (b)(1) which states: "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules." CCI edits indicate that procedure [63047] and component procedure [63030] is unbundled. The standard policy statement reads "HCPCS/CPT procedure code definition. The use of an appropriate modifier may be allowed." The provider appended modifier -59 to CPT code 63030. The *CPT manual* defines modifier -59 as "Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used..."The documentation submitted by the requestor in the form of an operative report does not meet the documentation criteria for appending the -59 modifier, therefore CPT code 63030 is bundled to CPT code 63047 and reimbursement can only be recommended for CPT code 63047.
4. The reimbursement amount for CPT code 63047 is \$1831.35, however reimbursement is recommended in the amount of \$1,704.54 in accordance with 28 TAC §133.307 (c) (2) (C). As a result, the requestor is entitled to reimbursement for CPT code 63047.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,704.54.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$1,704.54 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Margaret Q. Ojeda

Medical Fee Dispute Resolution Officer

February 11, 2011

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.